Public Health Guidance

Community engagement (update) - Consultation on Draft Scope
Stakeholder Comments Table

19 February – 19 March 2014

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Section	Page Number	Sub-section, paragraph, line, consideration, or recommendation number	PDG member OR Stakeholder Organisation	Comments Please insert each new comment in a new row	Response - Please respond to each comment
Section 1 – Guideline title	1		Community Development Foundation	It would be better to use the term community engagement and community development. So: Community development and community engagement; approaches to improve health and reduce health inequalities. I know that the term community development is much contested but to only call this guidance looking at engagement I think underplays the range of approaches and activities that will be looked at.	Thank you for taking the time to read and comment on the draft scope. The title is based on the existing title from NICE public health guideline PH9. Whilst community development is important in its own right, the scope does identify that 'community engagement' is used an umbrella term encompassing a range of approaches. Section 4.2 identifies examples of engagement approaches. The existing guideline states that: "Community engagement and community development are two complementary but different terms. Lack of detailed evidence meant it was not possible to make recommendations which distinguish between them. For the purposes of this guidance, the umbrella term 'community engagement' has been used".
Section 3 – The need for guidance	4	d	Community Development Foundation	" All local authorities have a duty to inform, consult and involve the public in the delivery of services and decision making. They must also ensure everyone has an equal opportunity to get involved (HM Government 2007). This legislation was repealed in 2011 and was replaced by the Best	Thank you. Reference to HM Government 2007 has now been removed from the Scope.

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				Value statutory guidance which does not contain the same requirement, so this section needs to be deleted.	
Section 4 – The guideline	6	4.2.1 a)	Community Development Foundation	After community or neighbourhood committees or forums I think there is a missing group which should be added; " Community groups, made up of local people, who may be predominately volunteer led and run, who are involved in activities relating to health, health improvement or healthy living, for example community green gyms, community orchards, community food growing schemes."	Thank you. The Scope has been appropriately amended.
Section 4 – The guideline	10	Figure 1	Community Development Foundation	On the far left of the diagram I think that Neighbourhood renewal should be replaced by the word Regeneration as I think Neighbourhood renewal is too evocative of the Neighbourhood renewal programme which is now finished.	Thank you. The Scope has been appropriately amended.
General comments on the draft scope			Department for Communities and Local Government	I think the debate about community engagement in health and social care has moved on in recent years and the scoping document could be developed further to incorporate recent experience from the community budget process and thinking about coproduction, codesign as well as the more passive 'engagement'. This would mean you working on the logic model	Thank you for taking the time to read and comment on the draft scope. The Scope acknowledges approaches outlined in these reports. For example, the logic model recognises a number of engagement parameters, such as level of control; as such, co-production is implicitly acknowledged. Given the multitude of engagement approaches, it is not possible or appropriate to

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				and developing this further. The logic model would look very different with very different interventions Suggested sources on this theme would include: The cost benefit analyses developed by the Whole Place Community Budget (2013) programme – and the work by New Economy Manchester. Multiple sources. The Evaluation of the Neighbourhood Community Budget programme (2013) https://www.gov.uk/government/publications/neighbourhood-community-budget-pilot-programme The new forthcoming annex to the HMT 'Green Book' on community interventions (close to publication) Work reviewing the evidence on Coproduction Transforming local public services through co-production http://www.birmingham.ac.uk/Documents/college-social-sciences/government-	describe them in this short document. The scope has been amended to mention 'co-production'. We cannot pre-empt the decisions of the committee that will develop the guideline, but they will be looking at a range of evidence and may consider a need to develop a conceptual framework, based on the key models of engagement.

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				society/inlogov/briefing-papers/transforming-local-public-services-co-production.pdf And for example Boviard et al: Loeffler, E. Taylor Goodby, P. and Bovaird, T. (eds) Making Health and Social Care Personal and Local LINK, Governance International Catherine Durose, Richardson, L, Dickinson, H. Williams, I Dos and don'ts for involving citizens in the design and delivery of health and social care, Journal of Integrated Care Vol. 21 No. 6, 2013	
Section 4 – The guideline	6	421a	Department for Communities and Local Government	Insitiuins include housing associaltions which do a lot of neighbourhood interventions in health and should be included as examples. There are a number of neighbourhood forums which are not council led and also do important work in this area	Thank you, noted. The scope has been amended to refer to housing associations in Section 2 and housing tenants in Section 4.1. Section 4.2.1a is reserved for activities that will be covered and where they may take place.
General comments on the draft scope	General		Dietitians in Obesity Management UK (domUK),	We welcome the draft scope in this important area.	Thank you for taking the time to read and comment on the draft scope.

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			a specialist group of the British Dietetic Association		
Introduction			Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Nothing to add.	Thank you.

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Section 1 – Guideline title			Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Nothing to add.	Thank you.
Section 2 – Background			Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Nothing to add.	Thank you.
Section 3 – The need for guidance	5	e	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	We note that those from professional and managerial occupations are more likely to volunteer than those from routine and manual occupations, and that participation reduces with increasing local deprivation. We also note (sub-section c) that a barrier to community engagement is dominance of professional cultures and ideologies. It seems likely that there is a link between the two. Key issues therefore must be identification of specific barriers to participation in disadvantaged and routine/manual occupational groups, and identification of factors that would improve initial and continued participation of these groups.	Thank you for your comment. If available, this information will be retrieved as part of the evidence reviews within the framework of questions outlined in Section 4.3.1.
Section 4 – The guideline			Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Nothing to add.	Thank you.

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Appendix A Potential considerations	12		Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	We note that there is potential for intervention overload where numerous interventions which may overlap are occurring within the same timeframes. Given that many public health issues are multifactorial in origin this seems likely. We would like to see consideration of how to avoid such overload (e.g. through coordinated planning) included.	Thank you. It is anticipated that the advisory committee that will be developing the guidance will consider the issues and unintended consequences outlined in Appendix A.
Appendix B References			Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Nothing to add.	Thank you.
General comments on the draft scope			Friends, Families and Travellers		
Introduction	1	2. b)	Friends, Families and Travellers	For effective community engagement the full range of capabilities within communities must be recognised and the diverse needs of communities addressed. How race, gender, sexuality, disability affect someone's ability to be fully engaged in the community all need to be considered. Literacy levels and education also have a significant impact on a person's ability to be involved in community engagement.	Thank you for taking the time to read and comment on the draft scope. Thank you, noted. When developing the guideline the committee will take into account any cultural or equity issues that may affect the uptake of interventions. In addition, where it is appropriate, fieldwork may be commissioned to test the feasibility of the recommendations in practice. The Scope identifies examples of potential considerations in Appendix A.
Introduction	1	2. b)	Friends, Families and	'Asset-based' approaches should be careful not to	Thank you, noted. The Scope has been

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			Travellers	ignore the way in which poverty, poor education, unemployment, crime and substandard accommodation impact on communities. Deprivation must be acknowledged along with assets or the approach risks becoming disingenuous.	amended to acknowledge that barriers may exist to nurturing the strengths and capabilities of communities when they face levels of disadvantage. The asset-based approach, whilst focused on community assets, does not oppose the need to address the structural causes of health inequalities. Further explanation of the asset based approach has been included to make the explicit that in certain circumstances asset and deficit approaches may be required.

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Section 3 – The need for guidance	3	3. a)	Friends, Families and Travellers	The need for this guidance could be made clearer and some of the current problems with community engagement highlighted. If community engagement is done ineffectively using a 'one-size fits all' consultation approach (e.g. with long consultation documents and alienating forms) this is an exclusionary practice that risks increasing health inequalities. Community engagement to address health inequalities must focus on building long-term relationships with 'seldom heard' communities.	Thank you for raising these important issues. We will endeavour to find evidence to establish what works and for whom. If there is evidence of such approaches, these will be considered by the committee that develops the guideline.
Section 3 – The need for guidance	4	3 c)	Friends, Families and Travellers	Whilst lack of infrastructure for local authorities and community groups to work together is a barrier to engagement, a mistrust of statutory services by socially excluded groups such as Gypsies and Travellers is a barrier that should also be considered and addressed. Cultural competency training for staff involved in community engagement projects is vital. Community engagement initiatives should work to build trust between statutory bodies and socially excluded groups.	Thank you. The Scope has been amended to acknowledge this issue.
Section 3 – The need for guidance	4	3 c)	Friends, Families and Travellers	Socially excluded groups are more likely to lack the capacity and willingness to get involved in community engagement projects and are less likely to be engaged in democratic processes and	Thank you, noted.

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				public forums in general due to poor education, lack of confidence and pressures on their time.	

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Section 4 – The guideline	5	4.1.1 a)	Friends, Families and Travellers	Gypsies and Travellers should be included in the groups that will be covered as they experience severe health inequalities in access to healthcare services and health outcomes. Levels of health inequality experienced by Gypsy and Traveller communities are pronounced even when compared with other ethnic minorities (Parry et al 2007)	Thank you. The list of groups that will be covered provides examples and was not intended to be exhaustive. It does mention people of a particular faith, nationality or ethnicity.
Section 4 – The guideline	6	4.2.1 a)	Friends, Families and Travellers	Community-based participatory research should have a more integral role in JSNAs. DH Statutory Guidance on JSNAs and JHWS states that "supporting active communities and encouraging people to improve their health and wellbeing is central to achieving the Government's vision." Community researchers have been used in Gypsy Traveller JSNA chapters in West Sussex and Kent to identify barriers to accessing healthcare experienced by local Gypsy and Traveller communities.	Thank you, noted.
Section 4 – The guideline	8	4.3.1	Friends, Families and Travellers	Q.4. An unintended consequence of adopting community engagement approaches is that community engagement work can also fulfil a community development function and decrease social exclusion by providing employment opportunities for community health champions, for example.	Thank you, noted.

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Section 4 – The guideline	9	4.3.2 b)	Friends, Families and Travellers	Health Improvement outcomes as a result of community engagement take time and short term funding for community engagement exacerbates this problem and makes it difficult to demonstrate the long-term impact of community engagement.	Thank you for your comment, noted. We acknowledge that there may be gaps in the evidence concerning long-term outcomes. Recommendations will be based on the best available evidence of effectiveness and cost effectiveness.
Appendix A Potential considerations	n/a	n/a	Friends, Families and Travellers	The effectiveness of community engagement with socially excluded groups who experience extreme health inequality should be considered. Inclusion health groups – Gypsies and Travellers, Roma, sex workers, migrants and homeless people – should be involved in this work.	Thank you. If there is evidence of approaches with socially excluded groups, these will be considered by the committee that develops the guidance. We also plan to conduct a series of case studies which will aim to gather evidence from such groups. As mentioned above, where it is appropriate, fieldwork may be commissioned to test the feasibility of the recommendations in practice; that process could involve specific groups.
	10 and 6	4.2.1	Health Empowerment Leverage Project	Please include explicitly activities offered by trained community development workers. It is they who need to be engaged with work on health as well as the other approaches such as health champions	Thank you for taking the time to read and comment on the draft scope. The examples provided in Section 4.2.1a) concern community engagement roles and was not intended to be exhaustive. Support for community engagement is covered in section 4.2.1b) of the scope.

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			Health Empowerment Leverage Project	Please consider evidence on the impact of virtual social networks on health. It seems intuitively correct that they should have an impact in the same sort of way of face-to-face networks, but I know of no evidence on this. Can you look for it, please? Mumsnet etc	We will endeavour to find evidence to establish what works, including through web searches. If there is evidence of such approaches, these will be considered by the committee that develops the guideline.
			Health Empowerment Leverage Project	There is another research issue that I don't see mentioned. CD work is often funded by one agency and the benefits flow to another. For instance, CD work funded by say the NHS may in a particular community lead to benefits for police in a reduction of crime. Does that problem cause problems and how might it be ameliorated? For instance, community budgets may help. Do they?	Thank you. We will be commissioning a Mapping Report to establish issues in current community engagement practices and processes. We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. There will, however, be an opportunity for all stakeholders to comment on the draft guideline from July - August 2015.
General comments on the draft scope			Hearing Link	Our concern is for people with any level of hearing loss – that they are able to engage with their community. Therefore at this early scoping stage, it is important to give proper consideration and resourcing to assistive technology (including but not exclusively loops, for example) without which the ability of some people to engage with their community is severely limited.	Thank you for taking the time to read and comment on the draft scope. Availability and accessibility of community engagement for different groups is recognised in Appendix A of the scope. We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. There will,

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					however, be an opportunity for all stakeholders to comment on the draft guideline from July - August 2015.
General comments on the draft scope			Hindu Council UK (http://www.hinducounciluk.org)	No Cooment	Thank you for taking the time to read and comment on the draft scope.
Introduction			Hindu Council UK (http://www.hinducounciluk.org)	No Comment	Thank you.

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Section 1 – Guideline title			Hindu Council UK (http://www.hinducounciluk.org)	No Comment	Thank you.
Section 2 – Background			Hindu Council UK (http://www.hinducounciluk.org)	No Comment	Thank you.
Section 3 – The need for guidance	3	b	Hindu Council UK (http://www.hinducounciluk.org)	Community Engagement initiatives are important and sometimes the only way particular communities get involved	Thank you, noted.
Section 3 – The need for guidance	4	c	Hindu Council UK (http://www.hinducounciluk.org)	The Elephant in the room – Discrimination (unwitting or unconscious or just rotten) can be indirect or direct	Thank you, noted.
Section 3 – The need for guidance	4	e	Hindu Council UK (http://www.hinducounciluk.org)	What is the correlation between volunteering and community engagement?	Thank you. Volunteering is a form of community engagement. Further information about levels of volunteering can be found in the following report: Cabinet Office (2013) Community life survey: August 2012–April 2013 statistical bulletin. London: Cabinet Office
Section 4 – The guideline	5	4.1.1 a	Hindu Council UK (http://www.hinducounciluk.org)	Should specify and include the Protected Characteristics as defined by the Equality Act 2010	Thank you. Section 4.1.1a outlines groups that will be covered by the guideline. In this instance, the scope lists five types of communities that are commonly identified in the research literature.

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					The protected characterises outlined in the Equality Act are a different matter. However, when developing the guideline the committee will take into account any cultural or equity issues that may affect the uptake of interventions.
Section 4 – The guideline		4.2.1 a	Hindu Council UK (http://www.hinducounciluk.org)	Should also include Temples (Hindu, Jain, Buddhist), Gurudwaras (Sikh). These places will have the target groups different (but with severe health inequalities) then the 'easy and often' considered religious (Abrahamic) groups	Thank you. The Scope has been appropriately amended; the section now mentions faith centres.
Section 4 – The guideline	8	4.3.1 (Q.4)	Hindu Council UK (http://www.hinducounciluk.org)	Is there any negative impact on the practice of the 'culture' or 'belief' of any proposed intervention	Thank you for your comment. If available, this information will be retrieved as part of the evidence reviews within the framework of questions already outlined. The list of overarching questions provides examples of the types of questions and outcomes to be considered and was not intended to be exhaustive.
Section 4 – The guideline	9	4.3.2 a	Hindu Council UK (http://www.hinducounciluk.org)	Is there any negative impact on the practice of the 'culture' or 'belief' of any proposed intervention	Thank you. See above.
Appendix A Potential considerations	12	Appendix A	Hindu Council UK (http://www.hinducounciluk.org)	Must consider an Equality Impact Analysis to show 'due regard' to the Protected Characteristics as defined by the Equality Act 2010.	Thank you. An Equity Impact assessment will be carried out as a routine part of guideline development. There will also be an opportunity for all

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					stakeholders to comment on the draft guideline from July - August 2015. This will provide stakeholders with an opportunity to raise any concerns regarding equity issues.
Appendix A Potential considerations	12	Appendix A	Hindu Council UK (http://www.hinducounciluk.org)	PHAC should consider bringing in external experts to their decision making process (who is to know that PHAC may not be representative of the communities that they may wish to impose any interventions).	Thank you, noted. The committee will be made up of a range of people from different backgrounds. In addition, stakeholder organisations are invited to comment on the draft guideline, see above.
Appendix B References	13	Appendix B	Hindu Council UK (http://www.hinducounciluk.org)	No knowledge of or reference to discrimination or Human rights	Thank you. Appendix B is a list of references. As noted above, when developing the guideline the committee will take into account any equity issues that may affect the uptake of interventions, this may include barriers based on discrimination.
General comments on the draft scope			Living Streets	Living Streets welcomes and agrees with the scope of this guidance update. We look forward to sharing our expertise and evidence of working with local communities to increase walking levels through our Community Street Audit and School Route Audit methodology. We also look forward to sharing our Fitter For Walking Evaluation and project outcomes.	Thank you for taking the time to read and comment on the draft scope. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set.
General comments on the draft scope			NHS England (PPVI comments)	A general point regarding the scope, it currently	Thank you for taking the time to read and comment on the draft scope.

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				focuses on those involved in communities and community engagement. It would be helpful to extend this to clinicians and managers - recognising their potential role in considering the culture and OD shift / development needed for community engagement / asset based approaches to achieve their potential impact and move the NHS to a more co-created, asset based service that empowers people to self-manage etc.	Section 2d) of the scope identifies who the guidance is aimed at; it includes the NHS, as well as local authorities. Section 4.1.1 identifies groups - the target of the guideline - that may benefit from the guidance. We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. The issues that you raise are within the scope may be included in the draft guidance, depending on the evidence available. However, self-management of a condition or disability is beyond the current scope; please see below for further information.
General comments on the draft scope			NHS England (PPVI comments)	On behalf of Domain 2 of NHS England, enhancing the quality of life for people with Long term conditions, we welcome the consultation and consider the draft scope appropriate. This has the potential to contribute to the House of Care model, which has 'informed, engaged patients and carers' as the left wall, to which we would be particularly interested in the contribution of community engagement. We particularly welcome the focus on disadvantaged groups and hope this can	Thank you. Please note: the guideline will be primarily focused on public health improvement aimed at reducing the risk of a disease or condition, or to promote or maintain good health. The guideline will not cover patient engagement activities that concern the planning, design, delivery and/or governance of treatment in healthcare settings

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				contribute to the parity of esteem agenda for mental/physical health.	

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Section 1 – Guideline title	1	1	NHS England (PPVI comments)	Community engagement [to add] and participation: approaches to improve health and reduce health inequalities	Thank you. The title is based on the existing title from NICE public health guideline PH9. As described in Section 3 of the scope, for the purposes of this guideline, the umbrella term 'community engagement' has been used; this would encompass participation.
Section 2 – Background	1	b)	NHS England (PPVI comments)	The original guidance recognises that community engagement can increase individuals' confidence, skills and self-efficacy. There is an opportunity with this draft scope to explore how the asset based approach can develop skills confidence, knowledge and self-efficacy in people to manage their long term health conditions. To access the 'assets' (networks, relationships with other individuals, local groups including expert patient approaches, peer to peer, health champions etc.) in communities to support the increasing number of people, often facing greatest health inequalities to manage their long term conditions. 'More than medicine' /holistic approaches to managing long term conditions (including mental health).	Thank you for your comment, noted. Recommendations will be based on the best available evidence of effectiveness and cost effectiveness.
Section 2 – Background	2	c)	NHS England (PPVI comments)	A suggestion to include "Transforming Participation in Health and Care", September 2013. Transforming Participation in Health and Care has been developed by NHS England with a wide	Thank you. This reference has been added to Section 2c).

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				range of stakeholders and partners and its purpose is to support commissioners to improve individual and public participation and to better understand and respond to the needs of the communities they serve. It includes case studies and 'evidence'. This request is particularly relevant for community based interventions and approaches that acknowledge 'health and well-being' within the context of the wider determinants of health.	

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Section 2 – Background	2	d)	NHS England (PPVI comments)	To include as the audience for this guidance: Clinicians and allied health professionals, frontline healthcare staff, care worker and social care practitioners	Thank you. The Scope has been appropriately amended.
Section 2 – Background	2	d)	NHS England (PPVI comments)	A request to have a more 'integrative' view on what constitutes the evidence. Research evidence is just one part of what constitutes the evidence base. A request to acknowledge qualitative, outcome focused evidence. This is suggested in the original guidance, but could be expanded upon within the scope of this review.	Thank you. The committee that will develop the guideline will be looking at the qualitative evidence (of barriers and facilitators) as well as case studies of current practice. Section 4.3 outlines key questions. Evidence to address these questions will be retrieved as part of the evidence reviews within the framework of questions outlined. The list of overarching questions provides examples of the types of questions and outcomes to be considered.
Section 3 – The need for guidance	3	a)	NHS England (PPVI comments)	Include within "community engagement can involve varying degrees of participation: for example"… [to add] participation and empowerment to manage own health, well-being and long term conditions.	Thank you. As noted above, the guideline will be primarily focused on public health improvement.
Section 3 – The need for guidance		c)	NHS England (PPVI comments)	• Lack of understanding of what the approach / term means. • Insecure and time limited funding streams	Thank you for your comments, noted. The list of barriers and challenges provides examples and was not intended to be exhaustive. However, we have included some

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				• Prioritising engagement with different groups with limited resources • Barriers to engagement with hard-to-reach groups (seldom heard groups – people/staff lacking the skills and confidence to engage in a different way) and working people – is it representative of the demographics? • Consultation/engagement fatigue?	of your suggestions in Appendix A.

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Section 3 – The need for guidance		d)	NHS England (PPVI comments)	Consider including the NHS Mandate commitment "to ensure the NHS becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment" 2012. People, who become empowered and involved in their own health, often volunteer as expert patient tutors, peer supporters, community support group leaders etc. The scope could include exploring the evidence on this? A need to reference the statutory duties as set out in the guidance, "Transforming Participation in Health and Care", September 2013, placed on CCGs and NHS commissioners. The duties include specific detail on individual participation in care and on collective public participation duties. (Legal duties for clinical commissioning groups and NHS England). CCGs and NHS Commissioners to involve patients in their own care and public participation in health service design and planning must include e.g. Communities of geography and interest. Individual participation duties, "Clinical commissioning groups (CCGs) and NHS England must promote the involvement of patients and carers in decisions which relate to their care or	Thank you, noted. The involvement of individuals in the management of their own care in acute and social care services is beyond the current scope. As noted above, the guideline will be primarily focused on public health improvement.

Section	Page Number	Sub-section, paragraph, line, consideration, or recommendation number	PDG member OR Stakeholder Organisation	Comments Please insert each new comment in a new row	Response - Please respond to each comment
				treatment. This requires collaboration between patients, carers and professionals, recognising the expertise and contribution made by all. The duty requires CCGs to ensure that they commission services which promote involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management." Public Participation duties; "The second duty places a requirement on CCGs and NHS England to ensure public involvement and consultation in commissioning processes and decisions. A description of these arrangements must be included in a CCG's Constitution. It includes involvement of the public, patients and carers in: - planning of commissioning arrangements, which might include consideration of allocation of resources, needs assessment and Service specification. - proposed changes to services which may impact on patients". For further detail, please access the guidance: "Transforming Participation in Health and Care", September 2013.	

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Section 3 – The need for guidance		e)	NHS England (PPVI comments)	It will be useful to add reference to the Kings Fund research (http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/volunteering-in-health-and-social-care-kingsfund-mar13.pdf on volunteering in health and care - evidence of increase in young people volunteering in NHS Trusts, 78,000 people volunteering 4hours a week or more etc. Also the work of Professor Jane South (Leeds Met and Public Health England/NHS England - "People Centred Public Health", 2012, South, White and Gamsu) with evidence of positive impact on health outcomes from community based health improvement interventions. Impact of current economic climate and high unemployment on volunteering rates. The line where "Levels of participation generally decrease as the level of local deprivation increases (Cabinet Office 2013)" – can this be explored in relation to any links between social and economic deprivation and people's/communities 'health belief systems'? So 'lay epidemiological' views of patterns of local poor health and wellbeing and any links to people's confidence and self-esteem that they have	Thank you. Section 3e of the scope provides information from primary research about prevalence of volunteering in the UK. However, we will keep a record of the reports that you identify for the committee that is responsible for developing the guideline. The committee responsible for developing the guideline and recommendations will be discussing these issues. We cannot pre-empt their deliberations at this stage. .

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				'nothing to offer' in terms of local volunteering?	

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Section 4 – The guideline	5	4.1.1	NHS England (PPVI comments)	• New mothers/single parent • People with long term health condition and / or a disability • Carers	Thank you for your suggestions, noted. The list of community groups provides examples and was not intended to be exhaustive. We have, however, included some of your suggestions
Section 4 – The guideline	6	4.2	NHS England (PPVI comments)	Will expert patient/patient educator roles be included within "community lay or peer leaders"?	Thank you. The examples provided in Section 4.2 are not intended to be exhaustive. However, community or lay peer leaders will include patient educators where there is a a focus on public health improvement.
Section 4 – The guideline	6	4.2.1 (a)	NHS England (PPVI comments)	"Examples of where this might take place include: [to add] faith settings, voluntary and community groups, Children's Centres, GP practices."	Thank you for your suggestions, noted. The list of community settings provides examples and was not intended to be exhaustive. We have, however, included some of your suggestions.
Section 4 – The guideline	6	4.2.1 (a)	NHS England (PPVI comments)	"Examples of community engagement roles include: [to add] advocates."	Thank you for your suggestions, noted. The list of approaches provides examples and was not intended to be exhaustive.
Section 4 – The guideline	6	4.2.1 (b)	NHS England (PPVI comments)	"Example include (delivered separately or in combination): [to add] condition or disease-specific patient groups, Patient Participation Groups, public voice or participation activities.	Thank you. Section 4.2.1b covers activities to support engagement. Examples of participation roles are covered in Section 4.2.1a.
Section 4 – The guideline	8	4.3.1	NHS England (PPVI comments)	To add: are different approaches more or less effective with different groups (i.e. those groups listed in 4.1.1). To add: what is the impact of social media on	Thank you, The advisory committee developing the guidance will consider a broad range of evidence. Social media interventions are within the

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Section	Page Number	Sub-section, paragraph, line, consideration, or recommendation number	PDG member OR Stakeholder Organisation	Comments Please insert each new comment in a new row	Response - Please respond to each comment
				community engagement interventions and impact? To add to expected intermediate outcomes: • Service change and improvement, such as improved patient experience and access, introduction of new support services, more coordinated care • Services responsive to communities, for example demonstrated via transparent and accountable governance mechanisms, citizen involvement in prioritisation, planning and service provision, responsiveness to service user feedback • Increased social trust, e.g. demonstrated by partnership working, opportunities for dialogue, involvement of communities in social networks	scope and may be included in the draft guidance, depending on the evidence available. Thank you for your suggestions, noted. The list of outcomes provides examples and was not intended to be exhaustive.
General comments on the draft scope	General	general	Royal College of Nursing	The Royal College of Nursing welcomes proposals to update this public health guidance.	Thank you for taking the time to read and comment on the draft scope.

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Section 4 – The guideline	5	4.1.1	Royal College of Nursing	*Groups that will be covered*: Consideration for inclusion should be given to people with learning disabilities as they are a vulnerable group that is very difficult to engage and are mostly left out and isolated. They suffer a lot of hate crime by other members of the community which potentially leads to further isolation and non- engagement.	Thank you for your comment. The list of groups provide examples and was not intended to be exhaustive. However, the scope has been appropriately amended to include people with disabilities. It is anticipated that the advisory committee that will be developing the guidance will consider the issues of availability and accessibility for different groups which may prevent people with disabilities engaging in community activities.
General comments on the draft scope			Royal National Institute of Blind People	As the largest organisation of blind and partially sighted people in the UK, RNIB is pleased to have the opportunity to respond to this consultation. We are a membership organisation with over 10,000 members who are blind, partially sighted or the friends and family of people with sight loss. 80 per cent of our Trustees and Assembly Members are blind or partially sighted. We encourage members to be involved in our work and regularly consult with them on government policy and their	Thank you for taking the time to read and comment on the draft scope.

Section	Page Number	Sub-section, paragraph, line, consideration, or recommendation number	PDG member OR Stakeholder Organisation	Comments Please insert each new comment in a new row	Response - Please respond to each comment
				ideas for change. As a campaigning organisation of blind and partially sighted people, we fight for the rights of people with sight loss in each country of the UK. Our priorities are to: • Stop people losing their sight unnecessarily • Support independent living for blind and partially sighted people • Create a society that is inclusive of blind and partially sighted people's interests and needs. We also provide expert knowledge to business and the public sector through consultancy on improving the accessibility of the built environment, technology, products and services We are pleased to have the opportunity to respond to this consultation.	
General comments on the draft scope			Royal National Institute of Blind People	**People with sight loss face health inequality and would very much benefit from inclusive and non discriminatory community engagement initiatives.**	Thank you for your comment. It is anticipated that the advisory committee that will be developing the guidance will consider the issues of accessibility for

Section	Page Number	Sub-section, paragraph, line, consideration, or recommendation number	PDG member OR Stakeholder Organisation	Comments Please insert each new comment in a new row	Response - Please respond to each comment
				People with sight loss are a third more likely to experience difficulties in accessing care services than non-disabled people.[1] As a demographic people with sight loss are often unable to access public health messaging displayed on billboards, TV ads, packaging etc and experience additional barriers to healthy living behaviours - for example, difficulty participating in exercise classes, running or going for walks (without a guide). Half of people with sight loss experience access difficulties outside the home.[2] People with sight loss can also experience difficulty making healthy meals as they often cannot read calorie content and need to rely on pre-cut vegetables and "ready meals". In addition, people with sight loss who fall into further ill health in older age are then faced with multiple disabilities in later life which has a massive impact on their independence and ability to make healthy lifestyle choices.[3]	different groups which may prevent people with disabilities engaging in community activities. The scope has been appropriately amended in Appendix A to consider the capacity and/or skills of professionals to fully engage with community members with disabilities (for example, people with sight or hearing loss).

[1] M Sally McManus and Chris Lord, "Circumstances of people with sight loss"; Natcen and RNIB: 2012, p80.
[2] M Sally McManus and Chris Lord (2012) "Circumstances of people with sight loss." Natcen and RNIB: p11.
[3] S Cooper (2013) "As Life Goes On" Thomas Pocklington Trust.

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Section 4 – The guideline	6	4.1	Royal National Institute of Blind People	**The guidance should include recommendations for creating inclusive and non-discriminatory community initiatives, particularly for people who have communication or mobility disability, such as sight loss.** People with sight loss can be perfectly healthy in every respect other than their eyesight: but they risk falling into further ill health due lack of adequate interaction with the NHS and public health initiatives. This guidance could provide an extremely useful tool for the NHS to improve its interaction with people with sight loss and other communication difficulties in the public health arena.	Thank you for your comment. We cannot pre-empt the deliberations of the committee responsible for developing the guideline and recommendations. However, the committee will take into account any equity issues that may affect the uptake of interventions, this may include barriers based on discrimination. Section 2d) of the scope identifies who the guidance is aimed at; the NHS is included as a key audience. We will endeavour to find evidence to establish what works and for whom. Where evidence exists it will be considered by the committee that develops the guideline
Section 4 – The guideline	6	4.1	Royal National Institute of Blind People	**There are many ways to improve public health engagement with people with sight loss and other communication problems which should be highlighted in this guideline.** For example, health care professionals and public health workers can follow our “top tips for	Thank you for your comment. We cannot pre-empt the deliberations of the committee responsible for developing the guideline and recommendations. However, the committee will take into account issues of

Section	Page Number	Sub-section, paragraph, line, consideration, or recommendation number	PDG member OR Stakeholder Organisation	Comments Please insert each new comment in a new row	Response - Please respond to each comment
				healthcare professionals" available at www.rnib.org.uk. Other charities such as Sense have similar information available for working with people who are deaf/blind. Pooling these resources and signposting to them in the guidance would save a lot of time and resource and encourage community engagement programmes to consider people with a disability from the outset of their design planning to ensure that communication and health initiatives are accessible these cohorts.	accessibility for different groups which may prevent people with disabilities engaging in community activities from the outset. Thank you for the information. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set.
Section 4 – The guideline	8	4.31	Royal National Institute of Blind People	**A longstanding and major barrier to people with sight loss achieving equality in the health system is lack of accessible information.** The result is that, while communities may wish to take part in public health initiatives they are not, in practice, informed about public health initiatives and consequently do not become involved. Research commissioned by RNIB and conducted by Dr Foster Intelligence shows that 90 per cent of blind and partially sighted people were not asked	Thank you for your comment. The committee that will develop the guideline will be looking at qualitative evidence (of barriers and facilitators) as well as case studies of current practice. Section 4.3 outlines key questions. Evidence to address these questions will be retrieved as part of the evidence reviews.

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				what format they required when they were given information by the NHS.[4] Findings also show that appointment letters in non-accessible formats are directly linked to an increased level of missed appointments; and that blind and partially sighted people feel a loss of privacy and independence if they have to rely on someone else to access their personal health information. The developing NHS Accessible Information Standard must be embedded into relevant guidance. The guidance will mean that NHS providers need to record individuals' preferred reading format and this will allow providers to contact individuals about health initiatives in their preferred format rather than, say, relying on them to see an inaccessible poster.	

[4] Sibley (2009) "Losing Patients" RNIB and Doctor Foster.

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Section 4 – The guideline	9	4.3.1	Royal National Institute of Blind People	**Tap into existing channels** While some communities e.g. BME, socio-economically deprived, blind and visually impaired people may be considered “hard to reach” the reality is they often have good community and religious networks - reaching out to these communities via credible, trusted community members, organisations or staff can enable community engagement. For example, local sight loss societies and sight loss publications provide convenient and easy ways to reach many people with sight loss. • **RNIB communications:** RNIB have a number of communications with Members and Supporters • **Talking Newspapers:** produce large print and talking newspapers across the UK see http://www.tnauk.org.uk • **Insight Radio**: an RNIB group radio station for people with sight loss http://www.insightradio.co.uk • **Local sight loss societies:** local charities which support people with sight loss and often have many memebers: http://www.visionary.org.uk	Thank you for your comment and for the additional information, noted.

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				• **TV adverts:** with added audio description (AD) is commentary that describes body language, expressions and movements, making the programme or advert clear through sound. To find out more visit: http://bit.ly/gomLSU • **Radio:** this is a medium which works well for people with sight loss- RNIB has its own radio station. • **Websites:** people with sight loss do use the internet and many use assistive technology such as **screen magnification** and **text-to-speech software**. Websites need to be designed in a way which works with these technologies: [5] • **Eye Clinic Liaison Officers:** provide a useful link between healthcare service and wider public health initiatives and social care work to a "hard to reach" group i.e. people with sight loss**.**	

[5] However, Research shows that almost four in five people registered blind or partially sighted never use computers (Douglas, Corcoran and Pavey; 2008) and that a disproportionately high number of older people with sight loss, who are more likely to access the health service, do not have access to the internet (A. Edwards; 2009).

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Section 4 – The guideline	9	4.3.1	Royal National Institute of Blind People	**Findings from our research into engaging with "hard to reach" groups on eye health and sight loss issues.** Our work indicates that it is important to identify, acknowledge and address the barriers and challenges "hard to reach" communities face when accessing services. However, focusing only on the challenges and barriers can have a depressing effect on the people involved. Appreciative inquiry invites people to identify what works best already, the strengths of current working and relationships, and ideas for additional action. Design Thinking provides a guided thinking process that enables people of all abilities to translate the ideas elicited through the appreciative inquiry into workable solutions and services Using appreciative inquiry and design thinking approaches can bring out positive contributions from stakeholders focused on identifying meaningful solutions. These methods engender	Thank you for this information, noted The Scope focuses on an asset-based approach, which emphasises the strengths, skills, knowledge, connections, abilities and potential within a community to activate solutions to issues identified by local communities. This approach emphasises the need to redress the balance of deficits like the challenges and barriers you refer to. We will endeavour to find evidence to establish what works and for whom. If there is evidence of such approaches, these will be considered by the committee that develops the guideline.

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				energy and commitment to develop creative and workable solutions. Using a 'whole system' approach means patients, their families, frontline health and social care staff have the opportunity to contribute a wealth of expertise to develop effective interventions. In our experience developing eye health interventions a co-production approach with frontline staff and community members has been essential to find realistic workable solutions. Key to the success of our community engagement work has been: • reaching out to communities - going to where communities meet and visit e.g. shops; community centres; religious centres; local cafes • having outreach workers, volunteers or champions who are seen as credible and respected with an understanding of the community - this doesn't always mean they need to be the same as community members (e.g. same ethnicity) it is about being trusted within the community	

Section	Page Number	Sub-section, paragraph, line, consideration, or recommendation number	PDG member OR Stakeholder Organisation	Comments Please insert each new comment in a new row	Response - Please respond to each comment
				• ensuring our work follows through and delivers results - it is unfair to consult communities raise expectations and walk away • so mainstreaming engagement so that it isn't short term "parachuting in" with fixed ideas • being flexible and willing to share power and be truly collaborative • building on the strengths and assets of the community Maintaining and supporting community engagement in health improvement requires investment in resource and time along with expertise in outreach and facilitation.[6]	
Appendix A Potential considerations	12	Appendix A	Royal National Institute of Blind People	RNIB welcomes the inclusion of seeking to consider the accessibility of projects for different groups and as stated above, these considerations should include people with communication and mobility barriers, such as people with sight loss.	Thank you for your comment. The scope has been appropriately amended.
Appendix B	13	Appendix B	Royal National Institute of	RNIB has undertaken research into improving eye	Thank you for your comment and for the

[6] See "references" below a list of community engagement projects.

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References			Blind People	care and medication adherence and health inequality for people with sight loss which could be of relevance to this guideline. See: • Carol Hayden, Dave Trudinger, Vivien Niblett, Donna-Louise Hurrell, Sarah Donohoe, Ian Richardson and Elaine Applebee, (2012) "The barriers and enablers that affect access to primary and secondary eye care across the UK." Shared Intelligence and RNIB. • Alex Johnston, (2013) "A rapid literature review examining how effective is a professionally led, group based intervention in improving medication adherence in individuals with a chronic (long term) condition?" RNIB. • Mark R D Johnson, Vinette Cross, Mark O Scase, Ala Szczepura, Diane Clay, Wesley Hubbard, Keith Claringbull, Philippa Simkiss and Shaun Leamon, (2012) "A review of evidence to evaluate effectiveness of intervention strategies to address inequalities in eye health care." RNIB and De Montfort University. • Pritti Mehta. (2009) "Tackling health inequalities in relation to sight loss: developing effective strategies for groups most at risk. " RNIB. • Kieran O'Donnell, (2009) "Eye care in the UK:	suggested references, noted. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set.

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				Epidemiology, intervention and Ethnicity." Public Health Action Support Team (PHAST). • RNIB has developed five Community Engagement Projects (CEPs) across England, Northern Ireland, Scotland and Wales. Each CEP is piloting a range of evidence-based eye health interventions to understand how effective they are at increasing service uptake and treatment concordance. Details can be found online at: http://www.rnib.org.uk/professionals/health/research/interventions/Pages/pilot-interventions.aspx All titles are available at www.rnib.org.uk	
General comments on the draft scope			Royal Society for Public Health	Good	Thank you for taking the time to read and comment on the draft scope. Thank you for your comment.
Introduction			Royal Society for Public Health	Good	Thank you.

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Section 1 – Guideline title			Royal Society for Public Health	Good	Thank you.
Section 2 – Background			Royal Society for Public Health	Agree with importance of taking an assets-based approach.	Thank you.
Section 3 – The need for guidance	3	c	Royal Society for Public Health	A key issue is ensuring that health champions are part of the community that seek to engage. Even if they are from the same locality, there may be cultural/educational/language etc barriers.	Thank you for your comment.
Section 3 – The need for guidance	3	c	Royal Society for Public Health	An additional issue is that the community workforce may lack the capacity and/or skills to deal with additional needs of community members, e.g. mental illness or disabilities, which may hinder efforts to engage.	Thank you for your comment. The scope has been appropriately amended in Appendix A to consider the capacity and/or skills of professionals to fully engage with community members with disabilities (for example, people with sight or hearing loss).
Section 3 – The need for guidance	4.1.1	a	Royal Society for Public Health	Communities should also be defined by settings	Thank you. The scope has been appropriately amended.
Section 4 – The guideline			Royal Society for Public Health	Good	Thank you.
Appendix A Potential considerations			Royal Society for Public Health	Good	Thank you.
Appendix B			Royal Society for Public	Additional potential reference :	Thank you for the reference, noted.

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References			Health	http://www.local.gov.uk/health/-/journal_content/56/10180/3511449/ARTICLE	
General comments on the draft scope		General	Turning Point	Turning Point agrees that the NICE guidance on community engagement needs to be updated. The policy context within which new structures have come into place must be reflected in the guidance in both the language and focus. Key policy drivers that need to be reflected in the updated guidance include: • The new players responsible for delivering initiatives using a community engagement process such as Health Watch, Health and Wellbeing Boards, CCGs and Public Health teams. • The strengthened role of the JSNA and JHWB's. • The growth of initiatives that are piloting the transformation of relationships between public sector and communities, such as Turning Points Connected Care model.	Thank you for taking the time to read and comment on the draft scope. Recommendations will be based on the best available evidence of effectiveness and cost effectiveness. We also plan to conduct a map of current policy and practice which will aim to gather this evidence. Where there is evidence of such initiatives, these will be considered by the committee that develops the guideline.
General comments on the draft scope		General	Turning Point	New structures such as HealthWatch, Health and Wellbeing boards, Public Health Teams, CCGs	Thank you for your comment.

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				and NHS England all have varying roles to play to ensure community engagement within their respective remits and so guidance needs to be relevant to them. The new guidance should be structured from a community rather than an institutional perspective to ensure that approaches to community engagement are consistent across these new structures. The guidance also needs to reflect the specific duties regarding community engagement as set out in the Health and Social Care Bill, particularly for CCGs.	Recommendations will be based on the best available evidence of effectiveness and cost effectiveness. We also plan to conduct a map of current policy and practice which will consider new structures and policy drivers. We cannot pre-empt the deliberations of the Committee responsible for developing the guideline and recommendations. However, the scope is informed by the "capability" approach which is intended to structure the guidance from a community perspective.

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Section 3 – The need for guidance	3	3a)	Turning Point	The purpose of this section seems confused. Is this section supposed to be about why guidance on community engagement is needed? If so we would want to stress the importance of doing community engagement work properly, to ensure community engagement is carried out across the whole country, to have a model in place to ensure it doesn't just involve the 'usual suspects', and to utilise the third sector who have a wider and deeper reach into communities than most statutory agencies.	Thank you for your comment. Section 3 refers to why national guidance on community engagement is needed. Recommendations will be based on the best available evidence of effectiveness and cost effectiveness and will consider available evidence for what works for whom and in what circumstances. It is anticipated that the committee will consider accessibility for different to fully engage in community engagement activities
Section 4 – The guideline	5	4.1.1	Turning Point	The term 'Disadvantage' does not fit if NICE is taking an asset based approach to this work and is ambiguous. We would suggest rephrasing of terminology to make concept clearer i.e. deprivation/ poverty	Thank you for your comment. The asset-based approach, whilst focused on community assets, does not oppose the need to address disadvantage and the structural causes of health inequalities e.g. deprivation/poverty. Disadvantage is used as the term most closely aligns with the "capability" approach which will inform this guideline. Further explanation of the asset based approach has been included to make the explicit that in certain circumstances

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					asset and deficit approaches may be required.

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Section 4 – The guideline	6	4.2.1	Turning Point	Turning Point's Connected Care model is an example of community based participatory research. The model has been cited as a model of good practice of community engagement in many government reports including; Department of Health 'A vision for Adult Social Care' 2010, NHS England's Mapping the Market 2, Commissioning support services and **'Managing Demand: Building Future Public Services', published by the RSA in partnership with the Local Government Association (LGA), the Economic and Social Research Council (ESRC), iMPOWER and Collaborate.** We recruit and train local people with often complex family situations or needs themselves to engage with their peers and with other organisations, to challenge preconceptions, build community resilience and develop innovative approaches that meet the needs of their diverse communities. In each area, local priorities, commissioner ambitions, levels of social capital within the community and the strengths of existing partnerships all differ. The core Connected Care	Thank you for your comment and for the example of an approach, noted. We will endeavour to find evidence to establish what works and for whom. Evidence of effective approaches will be considered by the committee that develops the guideline. We are planning a call for evidence in the near future. All stakeholders will be notified when a date has been set.

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				methodology remains the same, but the focus and outcomes vary from area to area. The model has been successfully applied to populations of specific localities with significant inequalities, as well as a range of patient groups, for example, people with long-term conditions in Norfolk and Worcester, carers in Suffolk and ethnically diverse communities in Birmingham and London boroughs. To date Connected Care has carried out 19 projects across the country. We have recruited and trained over 250 Community Researchers. We have helped give over 10,000 people a voice in shaping local services. As a result of this work we have helped created new social enterprises, set up Timebanks, and piloted new approaches to delivering health and social care services all with the ethos of helping to build the capacity of the community. **Case Study of Connected Care in Worcester** Turning Point is working on behalf of NHS South Worcestershire Clinical Commissioning Group and Worcestershire County Council to deliver a 15-	

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				month programme of community engagement in 3 wards with significant health inequalities in Worcester City. The aim is to enable community members and seldom-heard patients to engage more in services, influence the way services are delivered around their needs, reduce health inequalities and manage and prevent long term conditions. Turning Point recruited and trained 17 local people to become community champions. The community champions co-produced research and engagement materials with local service providers, community groups and health professionals and gathered the views of a wide range of people from their own communities. Empowering and up-skilling of community members in coproduction and understanding the needs of their local area, enabled the seldom-heard patient voice to be represented. By using their own links within the community and finding participants from a wide range of sources (e.g. door knocking, pubs, schools, shops, GP surgeries) they were able to present a picture of the demands on people's lives and health locally that informed the design of 3 community-led pilot initiatives.	

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				The pilot initiatives were co-produced with community champions, local service deliverers and health professionals and resulted in strengthened partnerships, allowing the initiatives to be responsive to local needs and driven by patient and community experience. The initiatives took a broad, holistic approach to management of health conditions including mental health, money worries, employment support and healthy eating. Project outcomes: • Demonstrable gains in wellbeing for previously socially isolated people • Changes in health management towards healthier eating, moderate exercise and reduction in smoking • Increased uptake of local services including health trainers and health checks • Enablement of patients to provide feedback to commissioners and health professionals on ways to • engage with seldom-heard patients	

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				• Growth in confidence of patients with previously unmanaged long term conditions to provide peer support • to each other. This was a significant development from their starting point of social isolation and lack of • engagement in any services. *"The project has made a big difference in my life now. Healthy eating, anxiety, everything helped. I feel I have got* *better control over my health than before."* – Community member with multiple long term conditions See video link for more information about the Worcester project http://www.youtube.com/watch?v=4fK6TY51M4g&feature=youtu.be	

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Section 4 – The guideline	7	4.3.1	Turning Point	Question 1: Turning Point's cost benefit analysis has demonstrated that community-driven commissioning and provision of services has the potential to make significant savings whilst delivering improved services. Economic modelling undertaken in partnership with the London School of Economics for a proposed community led and delivered Connected Care service (Basildon, Experts by Experience) suggests that for each pound spent there would be a net benefit of in excess of £4.00. When quality adjusted life years measurement is included, then the net benefit increases to over £14.00. Question 5: Through our ten years of experience of working in the community engagement field, we believe that face to face sustained support from a worker experienced in working with people with complex needs, is one of the key facilitators in delivering effective community engagement activities when engaging with the most disadvantaged groups. We have found that when working in some of the	Thank you for your comment and for this information. Recommendations will be based on the best available evidence of effectiveness and cost effectiveness. Evidence to address these questions will be retrieved as part of the evidence reviews within the framework of questions outlined.

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				most disadvantaged areas of the county high level face to face support gives people the confidence to get engaged and empowered to get involved in their community. Our researchers work hard to establish positive relationships with the people we recruit to work on Connected Care projects and help these people develop the confidence and skills to believe they can make a difference in their community and help others to improve their health. This work is resource intensive but we do not believe we would get such positive results if we did not invest so much staff time in our projects.	
Appendix A Potential considerations	12		Turning Point	'*Any adverse or unintended effects, for example, community resistance or general apathy caused by 'intervention' overload'.* Another adverse effect that Turning Points Connected Care team often witness's is the effect of past projects that have engaged the public, yet the public have not seen any results of this work they were involved in. This makes people even less likely to get engaged in other community engagement work. Communities always need to get feedback from any consultation/ engagement work they are involved in. It is not just about intervention overload	Thank you for your comment. It is anticipated that the advisory committee that will be developing the guidance will consider these issues and unintended consequences as outlined in Appendix A.

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				/consultation fatigue – it is endless consultations where the community can not point to any changes as the result of their work/ input.	
General comments on the draft scope			University of East London	I have read through it all fully and am actually very happy with it so feel no need to fill in the form	Thank you for taking the time to read and comment on the draft scope.

Document processed	PDG member / Stakeholder organisation	Number of comments extracted	Comments
Community Development Foundation.doc	Community Development Foundation	4	
Department for Communities and Local Government.doc	Department for Communities and Local Government	2	
Dietitians in Obesity Management UK.doc	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	8	
Friends, Families and Travellers.doc	Friends, Families and Travellers	11	
Health Empowerment Leverage Project	Health Empowerment Leverage Project	3	
Hearing Link.doc	Hearing Link	1	
Hindu Council UK.doc	Hindu Council UK (http://www.hinducounciluk.org)	14	

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Living Streets.doc	Living Streets	1	
NHS England.doc	NHS England (PPVI comments)	17	
Royal College of Nursing.doc	Royal College of Nursing	2	
Royal National Institute of Blind People.docx	Royal National Institute of Blind People	9	
Royal Society for Public Health.doc	Royal Society for Public Health	10	
Turning Point.docx	Turning Point	8	
University of East London.doc	University of East London	1	